

MARYLAND BOARD OF PHARMACY
4201 Patterson Ave, Baltimore, MD. 21215-2299
(410) 764-4755 (800) 542-4964 MD Only (410) 358-6207 Fax

**CONTINUING EDUCATION PROGRAM APPROVAL FORM
FOR PROGRAM ATTENDEES**

BOARD USE ONLY

PROGRAM NUMBER

DATE APPROVED

EXPIRATION DATE

APPROVED CE CREDIT

HOURS

APPROVED BY

DIRECTIONS: Please fill out this form for obtaining approval of the program you attended. You should submit this request at least 45 days before the date an answer is needed. Incomplete forms cannot be processed, therefore, submit all required documentation.

1. Program Data:
 - a. Program Title: _____

 - b. Program Site: _____

 - c. Program Date: _____
 - d. Number of Hours of Credit Requested: _____
 - e. Program Type (seminar, audio-cassette, study group, etc.): _____

2. Title and address of major sponsoring organization:

3. List any multiple sponsors: _____

Person responsible for the CE program:

Address:

Telephone #:

4. Evaluation: _____

- a. Describe the methods employed for participants to assess their achievement of the objectives stated in the program brochure or announcement:

- b. Describe the methods used for you as an attendee to provide feedback to the provider on the program or its presentation:

5. Please attach a copy of the program, brochure or announcement and a Certificate of Attendance signed by an authorized sponsor of the program

6. Please send a copy of the program agenda, goals, objectives and presenter(s)'s Qualifications.

PERSON COMPLETING THIS FORM:

NAME (Type or Print) MD. Pharmacist License #

ADDRESS

CITY STATE ZIP CODE

Telephone Number (Work) (Home)

Signature (Date)

Please return this completed form to:

**Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215-2299**

Web site: www.mdbop.org

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